

This form may be completed online, printed and mailed to the address listed below.



STATE OF NEBRASKA

DEPARTMENT OF HEALTH AND HUMAN SERVICES
REGULATION AND LICENSURE - Credentialing Division
P.O. Box 94986, Lincoln, Nebraska 68509-4986
402-471-2117

APPLICATION FOR AN INITIAL LICENSE TO OPERATE A FUNERAL ESTABLISHMENT

(Print or Type)

CATEGORY OF LICENSE:

FEES:

- ☐ Funeral Establishment \$25.00
☐ Branch Establishment \$20.00

SECTION A - GENERAL INFORMATION (All applicants must complete this section)

Anticipated Opening Date:				
1	Establishment Name:	Name:		
2	Manager Name:	Name:	License #:	
3	Establishment Address:	Street/PO/Route:		
		City:	State:	Zip:
4	Establishment License #:	#:	County where Located:	Telephone Number:
5	If applying for a Branch Establishment, Name of Main Establishment:		Name:	License #:

SECTION B - CONVICTION/LICENSURE INFORMATION (The Manager must complete this section)

Questions relate to the Manager	Answer Yes or No	Type of Crime or Licensure Action	Date of Action	Name of Court (City/County/State) or Entity taking Action
Have you ever been convicted of a misdemeanor or felony?				

If you answered YES to any of the questions above, you must request the following documents be sent directly to this office:

- Official Court Record, which includes charges and disposition
- All addiction/mental health evaluations (if the conviction involved a drug and/or alcohol related offense)
- If you were placed on probation, a letter from your probation officer referencing your probationary progress or date of release

Questions relate to the manager	Answer Yes or No		
Are you licensed or certified in another state?		If yes, what State are you licensed in?	What type of license do you hold?
Have you ever surrendered your license or certification?		Type of Licensure Action	Date of Action
Has action been taken to suspend or revoke your license or certification?			

If you answered YES to any of the questions above, you must request the following documents be sent directly to this office:

- Official Documents from the State Board in which the disciplinary action was taken
- Certification of your license/certificate in another state.

Make payable to Credentialing Division

Expiration: Licenses expire February 1st of even-numbered years

SECTION C - TYPES OF SERVICES TO BE PROVIDED BY ESTABLISHMENT (Check all services to be provided)	
<input type="checkbox"/>	Funeral Services
<input type="checkbox"/>	Funeral Arrangements
<input type="checkbox"/>	Embalming of Dead Human Bodies

If your establishment will be providing all 3 services indicated above, you are not required to complete the following service information.

Indicate below which services will be provided by another entity and the name of the entity; and which services will be provided at this location:

Type of Service	Entity Providing Services
Funeral Arrangements	
Pre-Need Sales	
Caskets, Vaults, Urns, etc.	
Funeral Counseling	
Funeral Services	
Memorial Services	
Viewing	
Visitation	
Removal	
Refrigeration	
Embalming	
Dressing	
Cosmetics	
Casketing of Embalmed or Unembalmed Remains	
Cremation	
Graveside Services	
List Other Services Provides:	

SECTION D – ATTESTATION An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing the credential.

I hereby state that I am the person making application, I am of good moral character, and the statements on this application are true and complete.

I further state that:

☐ I have not operated at this location in Nebraska prior to this application for licensure; **or**

☐ I have operated at this location prior to this application for licensure:

_____ number of days in Nebraska prior to July 1, 2004

_____ number of days in Nebraska after July 1, 2004

(Signature of Manager)

_____ date

NOTE:

AN INSPECTOR WILL BE ASSIGNED TO PERFORM AN INSPECTION. THE ESTABLISHMENT MAY NOT BEGIN OPERATION UNTIL A LICENSE IS ISSUED. PLEASE ALLOW APPROXIMATELY 60 DAYS FOR PROCESSING.